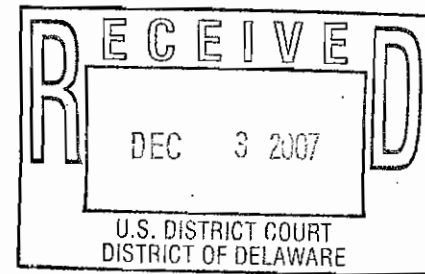


United States District Court  
For the District of Delaware



Acknowledgement of Service Form  
For Service By Return Receipt

SS

scanned

Civil Action No. 07CV341

Attached below is a return receipt card reflecting proof of service upon the named party on the date shown.

| SENDER: COMPLETE THIS SECTION  |  | COMPLETE THIS SECTION ON DELIVERY  |  |
|--|--|--|--|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | <p>A. Signature <u>MSCOTT</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>MSCOTT</u> C. Date of Delivery <u>1/26</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p> |  |
| <p>1. Article Addressed to:</p> <p>Chairman or Chief Executive Officer<br/>Intercept Interactive Inc.<br/>270 Madison Ave, 19th Fl<br/>New York, New York, 10016</p>   |  | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>   |  |
| <p>2. Article Number<br/>(Transfer from service label)</p>   |  | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>  |  |
|  |  | <p>7002 2030 0003 0326 5504</p>  |  |